

**MDR Tracking Number: M5-04-2411-01**

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on April 2, 2004.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the work conditioning program and work hardening program were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatment listed above were not found to be medically necessary, reimbursement for dates of service from 07-16-03 to 08-25-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 16<sup>th</sup> day of August 2004.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division

PR/pr

**Envoy Medical Systems, LP**  
**1726 Cricket Hollow**  
**Austin, Texas 78758**

Ph. 512/248-9020  
IRO Certificate #4599

Fax 512/491-5145

**NOTICE OF INDEPENDENT REVIEW DECISION**

July 9, 2004

**Re: IRO Case # M5-04-2411**

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the

Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is a Board certified in Orthopedic Surgery, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

#### Medical Information Reviewed

1. Table of disputed service
2. Explanation of benefits
3. Initial physical examination report 4/14/03, and follow-up 5/1/03
4. Neurological consultation report 6/19/03
5. Prescription for WC/ WHP 7/3/03
6. Requests for reconsideration
7. Discharge summary plan
8. FCE
9. Occupational rehabilitation assessment
10. WHP notes
11. Psychological screening

#### History

The patient is a 22-year-old female who presented for swelling in both wrists in \_\_\_\_\_. The initial diagnosis was bilateral carpal tunnel syndrome. Physical therapy was recommended and narcotic pain medication and anti inflammatory medication were prescribed, as well as a Medrol dose pack. An MRI of both upper extremities was performed, and neurological consultation and an EMG were obtained. The patient continued with medications and physical therapy. On 7/3/03 work conditioning and a work hardening program were recommended by the treating D.O. after an FCE indicated that the patient functioned at a sedentary physical demand level. The records provided for this review do not indicate that

nerve conduction studies were performed or that a consultation with a hand surgeon was obtained.

Requested Service(s)

Work conditioning program, work hardening program 7/16 – 8/25/03

Decision

I agree with the carrier's decision to deny the requested services.

Rationale

The treatment of the patient's medical complaints does not conform to accepted standards of practice for patients with carpal tunnel syndrome and/or work up of wrist pain/tenosynovitis. Excessive testing was ordered ten days after the injury was reported. Work conditioning and a work hardening program are not indicated unless the patient has tried non operative management of carpal tunnel syndrome. The records provided for review do not indicate that care of this patient included splinting, or even carpal tunnel injections. The records also do not indicate that nerve conduction studies were performed. The patient evidently was not referred to a hand surgeon for evaluation as to whether surgery was necessary. Work conditioning and work hardening were not indicated for this diagnosis for this patient, and were not medically necessary or reasonable.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.